

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015291

STATE FILE NUMBER

2 3709

FILED MAY 6 1959

Registration District No.

Primary Registration District No.

Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC Length of stay in lb 38 YRS		d. STREET ADDRESS (If outside, give location) 5232, A Palm Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EMMA LANCASTER		4. DATE OF DEATH Month Day Year 4 - 11th - 1959	
5. SEX FEMALE 3	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7 / 10th / 1881
9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days Hours Min. 9 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR DOMESTICS	
11. BIRTHPLACE (City and state or country) SPRINGFIELD MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME CHARLES TAYLOR		13b. MOTHER'S MAIDEN NAME MAUGRETT CARTER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO. 7		17. INFORMANT Willie Lett Address 5232, A. Palm	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis Arterio Sclerosis 422.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Type or print) James L. Smith		22b. ADDRESS 1300 Clare St	
22c. DATE SIGNED 4/13/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4/17/59	
23c. NAME OF CEMETERY OR CREMATORY MAGNOLIA CEMETERY		23d. LOCATION (City, town, or county) HELNER ARKANSAS	
24. FUNERAL DIRECTOR 2812 Thomas Street		25. DATE RECD. BY LOCAL REG. APR 15 '59	
26. REGISTRAR'S SIGNATURE Rosal Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

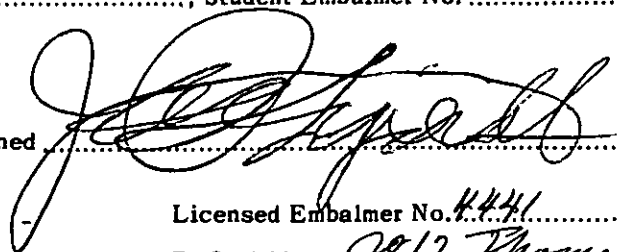
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4441

P. O. Address 2812 Thomas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.